

AGE AND RETIREMENT

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THIS report on some of my feelings and experiences on age and on retirement is going to be told just as I see it. There will be no "All is for the best in the best of all possible worlds."

AGE

I am 76, so I have had a few years of experience with age. Some people may think (or at least say): what a wonderful time of life it is—"safe in the quiet harbor"; "away from the storms"; "no more responsibilities"; "time to reflect and to contemplate"; "leisure to enjoy long-desired pursuits and hobbies." I haven't found it altogether that way.

Dr. Frank Berry suggested that it would be appropriate for me, a dermatologist, to say something about the skin in age. That is not a very pleasant assignment, especially when you are describing your own skin. As a dermatologist I cannot help but see the old skin and its appendages going to pieces. Pigmented blotches, broken blood vessels, wrinkles, lack of tonus, dryness, scaly senile keratoses, precancers and little cancers, brittle nails, and white hairs (those that remain). The old skin cannot stand the sun the way it used to and it doesn't heal quite as well as formerly.

If you are over 70 and want to see an objective sign of age, hold your forearm bent with volar surface down, before your face, level with your eyes. Then grasp a pinch of volar skin firmly between your thumb and your index finger. Pull it out or downward as far as it will go and hold it that way, pinching it, firmly but not hard enough to bruise, for about 15 seconds. Then let it go. Watch the ridge remain protruding downward like a little inverted mountain range and watch it very slowly sink to its former skin level. Then do the control experiment. Pinch the skin on your child's or grandchild's forearm in the same manner. See how quickly and beautifully the ridge subsides!

Well, the old skin is not as good as the young one but perhaps it

does have certain advantages—just as age has certain advantages. I am quite sure that the skin of old people does not become sensitized to external allergens quite as easily as does young skin. For example, the incidence of poison-ivy dermatitis is less in the old than in the young—and not just because the old do not get exposed so much. For even on patch testing for allergic dermatitis the aged have a lower incidence of positive reactions.

All in all, old age is full of its own special cutaneous worries. When you see an elevated verrucous lesion on your skin at 20, you know it's a wart. When you see a somewhat similar verrucous lesion at 70 years plus, if you are an objective physician, you know what the chances are that it is a cancer or a precancer. And in general you have different attitudes toward your symptoms and your pains when you are older than when you are younger. When you are a physician of 70 plus and you are constipated for a few days, you wonder whether there is an obstructing tumor. When you are 20 years old, you disregard the same period of constipation or take a laxative.

In his old age, Winston Churchill was quoted as saying that he could do everything as well as ever—for a few hours of every 24. That is not true for me; and I doubt whether it is true for most of us over 70. I can do fewer and fewer things as well as before. We have lived on the top of a fine hill in San Francisco for the last six years. During these six years I've walked regularly the five fairly steep blocks to and from our apartment and Union Square, where the shops are. I do it more slowly and less easily each year.

Keeping pace with the physical deterioration there is undoubtedly some mental deterioration, though the latter is not as obvious. It seems to me that what one loses in memory and acuity one can cover up with devices gained through experience. So most of my young colleagues, former patients, and old friends believe I'm still at my peak mentally. Indeed, they accord my discussions and advice more respect than I feel these deserve. This makes me uneasy.

Every age has its own particular difficulties. Old age just has its own assorted varieties. At no time in man's history have the ages of adolescence and parenthood been beds of roses. Today, with what is called the generation gap, these periods of life are often beds of thorns. But both infancy and old age have their own, in some ways very similar, troubles. "Second childhood" or "second infancy" are true characteri-

zations. As usual, Shakespeare said it much better than anyone else:

. . . his big manly voice
Turning again toward childish treble, pipes
And whistles in his sound. Last scene of all,
That ends this strange, eventful history
In second childishness and mere oblivion;
Sans teeth, sans eyes, sans taste, sans everything.

That appears in Act 2, Scene 3, of *As You Like It*. And I do not like it a bit.

My sleep cycle begins to return to that of an infant: short periods of alternating sleeping and waking. If my work schedule and other people's timetables permitted, I think that I should sleep four hours on and four hours off around the clock. My "frequency" approaches that of the infant.

I could go on with this sad litany and talk about my teeth, my eyes, my hearing, my joints. But I shall not, because I do not want to give the impression that I regard myself as a sick man. That is far from the case. And my physicians and other men regard me as a very healthy old man. I feel fine and vigorous most of the time and enjoy life and look forward to new adventures. I believe that what I have just said about minor infirmities describes only the common developments in most healthy men of my years. But many of them prefer not to admit these.

Feeling so good most of the time accents another sign of age: the shorter my actuarial life expectancy, the more I seem to value life and to hate the idea of leaving it or being unable to enjoy it fully. Here too, the law holds good: the shorter the supply, the greater the demand and value seem to be.

RETIREMENT

Retirement means to withdraw from something, according to the dictionary. And until the final, irrevocable, and mortal retirement arrives, whenever one withdraws from something, one cannot escape from going on into something else. For an active, healthy person retirement can mean only withdrawing from one form of activity to enter into another. By that standard, I am experienced in retirement, having retired from one kind of activity to embark on a fundamentally different one at least three times before I reached the age of 25 and many

times since the age of 50. I shall not bore you with my earlier "retirements." They are not pertinent to the kind of retirement about which I have been asked to write on this occasion. But each of these retirements taught me something useful for my later moults.

In 1961, at the age of 65, I retired from private practice and from the chairmanship of the Department of Dermatology and Syphilology at New York University and from the New York Skin and Cancer Unit, and from several other rather strenuous and responsible jobs. But after an interval of a few months, I took on a new job. On the recommendations and with the support of colleagues and friends—notably Drs. George Armstrong and Donald Pillsbury and Generals Leonard Heaton and James Forsee—and with the encouragement of my wife, I took on the position of technical director of research for the Research and Development Command in the Office of the Surgeon General of the United States Army. That turned out very well indeed—at least from my point of view.

For three years I was as busy as ever, with even wider and more diversified exposure to medicine and science than my academic career and private practice had provided. I was the senior scientist and top advisor for all medical and surgical research and development within the Army, and in universities and other institutions under Army contracts and grants. In my work I had close and cordial relations with scientists and physicians of every kind: in the U.S. Public Health Service; in the National Institutes of Health; in the National Research Council; in the Army, Navy, and Air Force; in universities and other research centers; and in industry. I had close contact with liaison officers and scientists of many other nations and with top research workers from many countries. By and large the people I met were stimulating. Almost all the colleagues with whom I worked in the Army were dedicated, competent, hard working, honest and productive physicians, investigators, or administrators. Some were imaginative and bordered on genius. The majority were fully equal to my colleagues in academic life and were selflessly devoted to their professions. Their modesty was quite unusual—and unexpected in Army officers, as far as I was concerned. Some had suffered in enemy prison camps, had been decorated over and over for bravery under fire, had jumped with parachutes into enemy country and had done all kinds of incredibly brave and risky things. Not one of these men told me about his

previous adventures, accomplishments, and decorations. I learned about them only by chance from others.

So those three years constituted the most exciting and rewarding retirement that a man could have. But despite my interesting life and responsible job, despite fine friends and contacts in Washington, I decided that evaluating proposals and sitting on committees with other advisors and administrators was not the way I wanted to end my career in medicine and dermatology. I decided also that it was probably not the way in which I could be of most use to the Army and to our country. My three years of acquaintance with the medical activities in the Department of Defense had confirmed what I already knew from personal experience in the Naval Medical Corps during World War II: skin diseases remained a major cause of military disability and probably would be an increasing cause of disability in Southeast Asia. Despite this, no military organization in the United States—or indeed in any other country—possessed a unit that had the express mission of studying militarily incapacitating skin diseases. I told General Heaton of my conviction that such a unit was needed. I went over a few statistics with him and requested that he relieve me from my position in his office and assign me to the task of establishing a research and development unit with the express mission of studying skin diseases of greatest military importance. These are the unexciting but very common skin diseases that most investigators are not studying in great depth. They are “the crud,” friction blistering, intertrigo, prickly heat, and all kinds of skin damage due to heat, wetness, friction, and superficial infection.

General Heaton was, as always, far-seeing and decisive. He acted immediately by asking General Robert Blount and General (then Colonel) Richard Taylor (at that time Commander and Deputy Commander of the Research and Development Command) to take the necessary steps.

The Dermatology Research Unit with the mission to study skin disease of military significance was established at Letterman General Hospital, Presidio, San Francisco, in 1964. This was a small unit at the beginning, but gradually it grew into a fully equipped and staffed, sharply focused, dermatologic research facility. It is led at present by my successor, Colonel William A. Akers, who is assisted by 35 officers, enlisted men, and civilian scientists. In the past six years this unit has acquired new and fundamental information about blistering, prickly

heat, insect repellents, and fungal infections, and it has assisted in the reduction of incapacitating dermatoses in Southeast Asia.

So that was a very satisfying and active retirement for me. It lasted until June 30, 1970 and, as I write this report, I am seven months into my present retirement.

This last retirement is different from all the previous ones. Suddenly I find myself without many of the things I had taken for granted in my previous positions: efficient secretaries; plenty of room for filing cabinets; people and space to take care of my articles, reports, and reprints; book cases for my large medical library; cabinets and table space for my instruments; wall space and shelves for the diplomas and mementos that are meaningful to me; copying machines; data-retrieval facilities; photographic and artistic services of every kind; use of telephones and mails without cost for any matters connected with work, to say nothing of the stimulus that emanates from co-workers of every age and in many different areas of expertise. All these now are gone.

I had been spoiled more than I realized. The transition from what I had before to my present one corner and a small desk in our home, to a small bookcase and one part-time secretary (all that I can now afford) was a bit rough. But my wife buckled down and helped and I am getting adjusted. The most important thing in every retirement is to have a good wife.

What am I doing now? Why do I still need books and files and secretarial help? Luckily, I had a ready-made new activity waiting for me in this recent retirement. My wife is, by profession, a capable, experienced writer and producer of motion pictures and other audiovisual material for training. For the last 10 years I have "moonlighted" by assisting her in making medical educational motion pictures, mainly in dermatology and related areas. We established a nonprofit, tax-exempt organization at the request of the International Committee of Dermatology after its congress in Washington, D.C. in 1962. This Institute for Dermatologic Communication and Education has produced or acquired and now distributes 55 color and sound motion pictures dealing with dermatology and related fields of medicine. I am now giving much more of my time to the production of new types of audiovisual teaching aids, and in this I have the collaboration of my wife.

I am also consultant to the Letterman Army Institute of Research,

to Letterman General Hospital, and to a large industrial organization. I teach at the University of California, San Francisco Medical Center, and attend many conferences there. I write a column for a medical news publication. And I have an unbelievably huge and diversified worldwide correspondence. I am busier than ever because I have almost as much to do and have much less help.

Moreover, we have much less money. My many retirements did not produce much retirement pay. My activities today are stimulating, satisfying and—I hope—useful. But few bring in revenue and some cost quite a bit to continue. The steady increases in the cost of living, which everyone feels, are squeezing us rather strongly—just as they are so many other retired professionals. For all these reasons, my wife and I wonder whether and how long we shall be able to continue our present activities and how soon we shall have to move and make another change to a different life style—still another retirement.

At certain tired moments I still think of sunny beaches to lie on, of gardens to putter about in, of dogs to walk with, of spectator sports to enjoy—live or on the screen—of reading, slippers, and rocking chairs. But most of the time I'm sensible enough to know that even now, at 76, that sort of retirement would not satisfy me. Moreover, it would surely be a dreadful bore for my young and active wife. So we are waiting awhile and continuing our present life of retirement as long as we can.

As long as one maintains contacts with one's previous associations in medicine, opportunities for new work and responsibilities continue to present themselves. This is pleasant. The trick is to decide which jobs are appropriate to one's age and resources of mind and body. Neither too much nor too little—how to decide? Should I have let Drs. Frank Berry, James McCormack, and Saul Jarcho persuade me to write this report? And who will help me respond to the criticisms and comments I expect to receive?